PTO/SB/21 REV 1 (1/2/97)

Approved for use through 09/30/2000. omb 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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10/627,293

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**Application Number** 

TRANSMITTAL FORM  (to be used for all correspondence after initial filling)		Filing Date	07/25/2003						
		First Named Inventor	Gill						
		Examiner Name	Ahmed N. Sefer						
ENTENT & TRAS	Group Art Unit	2826							
Total Number of Pages in This Submission	16 + postcard	Attorney Docket Number	HSJ920030029US1						
ENCLOSURES (check all that apply)									
X Fee Transmittal Form Fee Attached After Final Preliminary Amendment Extension of Time Request Supplemental Information Disclosure Statement PTO Form 1449() cited references Certified Copy of Priority Document(s)	<ul> <li>Assignment w/Recordation Sheet</li> <li>Drawing(s)</li> <li>Request for Drawing Amendment</li> <li>Licensing-related Papers</li> <li>Petition Checklist and Accompanying Petition</li> <li>To Convert a Provisional Application</li> <li>Power of Attorney, Revocation</li> <li>Change of Correspondence Address</li> <li>Terminal Disclaimer</li> </ul>		After Allowance Communication to Group  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  X. Additional Enclosure(s) (please identify below):  POSTCARD						
Response to Missing Parts/ Incomplete Application PTO Form 1533 Response to Missing Parts Under 37 CFR 1.52 or 1.53	Remarks:								
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT									
Firm or Individual Name Ervin F. Johnston Reg. No. 20.190  Signature   March 14, 2005									
CERTIFICATE OF MAILING  I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:  Commissioner for Patents, P. O. Box 1450, Alexandria, V 22313-1450 on this date:  March / 4, 2005  Typed or printed name  Evin F. Johnston									
Commissioner for Patents, P. O. Box 1450, Alexand		s date: March /4, 2	005						

PTO/SB/17 REV 1 (12/97)
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	Complete If Known						
FEE TRANSMITTAL  Patent fees are subject to annual revision on October 1.  These are the fees effective November 10, 1998.  Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12  See 37 C.F.R. §§ 1.27 and 1.28		Application Number		10/627,293			
		Filing Date		07/25/2003			
		First Named Inventor		Gill			
		Examiner Name		Ahmed N. Sefer			
		Group / Art Unit		2826			
TOTAL AMOUNT OF PAYMENT (\$) 426.00		Attorney Docket No.		HSJ920030029US1			
			EEE CA	ALCULATION (continued)			
METHOD OF PAYMENT (check one)							
Charge Any Additional Charge Fee Required Under 37	ge the Issue Fee Set in  1.18 at the Mailing otice of Allowance. 21.311(b)  Other  TION  Scription Fee Paid  ling fee filing fee	3. ADDITIO Large Entity Fee Fee Code (\$) 105 130 127 50  139 130 147 2,520 112 920*  113 1,840*  115 110 116 410 117 930 118 1,450 128 1,970 119 320 120 320 121 280 138 1,510 140 110  141 1,300  142 1,300 143 470 144 630 122 130 126 180 146 750	NAL FEES Small Entity Fee Fee Code (\$) 205 65 227 25  139 130 147 2,520 112 920*  113 1,840*  215 55 216 205 217 465 218 725 228 985 219 160 220 160 221 140 138 1,510 240 55  241 650 242 650 243 235 315 300 122 130 126 180 246 375	Fee Description  Surcharge - late filing fer Surcharge - late provision cover sheet  Non-English specification For Feeduresting publication Examiner action Examiner action Examiner action Extension for response Extension for resp	ee or oath ional filing or  on reexamination of SIR prior to  of SIR after  within first month within second month within firth month within firth month of an appeal g blic use proceeding oidably abandoned entionally sue)  ssioner tion Disclosure Stmt	Paid	
Extra Fee from Claims below Fee Paid  Total Claims 43 - 34** = 9 x 18 = 162.00   Independent Claims 6 - 3** = 3 x 88 = 264.00   Multiple Dependent Claims x = =		(37 CFR 1.129(a))  179 750 249 375 Request for continued examination (RCE) (37 CFR 1.114)  Other fee (specify)  Other fee (specify)  Terminal Disclaimer  Other fee (specify)				<u> </u>	
** or number previously paid, if greater; For Re. Large Entity Small Entity Fee Fee Fee Fee Fee Descrip Code (\$) Code (\$) 103 18 203 9 Claims in ex 102 84 202 42 Independen 104 280 204 140 Multiple dep 109 80 209 40 ** Reissue in over origina 110 18 210 9 ** Reissue over origina	ption  xcess of 20  nt claims in excess of 3  pendent claim  independent claims  al patent  claims in excess of 20  riginal patent	SUBTOTAL (3) (\$) *Reduced by Basic Filing Fee Paid					
SUBMITTED BY			col	OMPLETE (if applicable)			
Typed or Printed Name Ervin F. Johnston			Reg	p. Number 20,190			
Signature	in! John	h-	Dat	e	March / 4, 2005		